

Rev. 3/19

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

Cameron David WYNNE

*Plaintiff's full name and prisoner number*

Plaintiff,

v.

City of Seattle,  
King County

*Defendant's/defendants' full name(s)*

Defendant(s).

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

**\*\*AMENDED\*\***

**2:23-cv-00882-RAJ-MLP**

Case No. \_\_\_\_\_  
(leave blank – for court staff only)

**PRISONER CIVIL RIGHTS  
COMPLAINT**

Jury Demand?

☒ Yes  
☐ No



AUG 02 2023

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

BY

DEPUTY

**WARNINGS**

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

#### I. PLAINTIFF INFORMATION

Wynne, CAMERON, David		
Name (Last, First, MI)	Aliases/Formal Names	
2022-007799		
Prisoner ID #		
King County Correctional Facility		
Place of Detention		
620 West James Street		
Institutional Address		
King, Kent	WA	98032
County, City	State	Zip Code

Indicate your status:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pretrial detainee<br><input type="checkbox"/> Civilly committed detainee<br><input type="checkbox"/> Immigration detainee | <input type="checkbox"/> Convicted and sentenced state prisoner<br><input type="checkbox"/> Convicted and sentenced federal prisoner |
|---|--|

**II. DEFENDANT INFORMATION**

*Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.*

Defendant 1:

City of Seattle

Name (Last, First)

Current Job Title

Current Work Address

King, Seattle WA

County, City

State

Zip Code

Defendant 2:

King County Washington

Name (Last, First)

Jail

Current Job Title

500 Fifth Avenue

Current Work Address

King Seattle WA

98104

County, City

State

Zip Code

Defendant 3:

King County Washington

Name (Last, First)

Department of Public Health - Jail Health Services

Current Job Title

620 W James Street

Current Work Address

King Kent WA

County, City

State

Zip Code

### III. STATEMENT OF CLAIM(S)

*In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.*

*If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).*

*Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.*

*If you have more than three counts, attach additional pages and follow the same format for each count.*

*If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).*

#### COUNT I

*Identify the first right you believe was violated and by whom:*

1.1 I believe my 5<sup>th</sup>, 8<sup>th</sup>, 14<sup>th</sup> Amendment were violated by  
The city of Seattle's Police Department

*State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

1.2 While in the custody of Seattle police Department officers, at Harborview medical center I informed the officer that I had to use the restroom. Traditionally by custom when detained officers don't allow detainees out of strictly controlled

situations. This is for "Officer Safety & Security". Because I was denied usage of the restroom I ended up defecating on my self. Still I was not allowed to use the restroom and was forced to sit in my own feces, until another officer relieved him in my supervision hours later. Being detained as an arrestee is a form of imprisonment inasmuch the officer had notified me I was not free to leave. This is cruel and unusual punishment, and so much more. Clean running water, and access to toilet facilities are a common complaint because of their importance in the treatment of humans as such. The fact I was forced to sit in my own feces is a clear abuse of power and will not be taken lightly.

*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.*

Mental and emotional stress, was unsanitary, unsafe, inhumane treatment of fellow human. Ruined my clothes gave me PTSD, and am now prone to anxiety attacks.

## COUNT II

Identify the second right you believe was violated and by whom:

2.1 5<sup>th</sup>, 8<sup>th</sup>, 14<sup>th</sup>, By King County Employees at the County Jail.

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 Since incarcerated I've been fed foods I cannot eat. This is cruel & calculated punishment which I am protected from by the 8<sup>th</sup> Amendment. Even as a pretrial detainee I am protected as such. This is in the spirit of the protection in the presumption of innocence. With sub-standard living conditions we may confess just to escape the punishments imposed by the jail. KCTJ (County Jail) has many diets available, but not one with severe dietary needs such as me. I am protected under the due process clause of the 5<sup>th</sup> & 14<sup>th</sup> and should be afforded adequate care pretrial. Because I have not I have been fed foods that caused me extreme abdominal pain, sudden dumping syndrome, and nausea. These have left me exhausted without energy necessary to defend myself against the charges in state court, or even exist. I have kited kitchen & medical staff several times in an attempt to correct my diet to no avail. Simply put: I am being starved. King County policy



7.04.006 Special diets from the general policy manual state: "It's the Policy of the Department to provide special diets that meet federally mandated nutritional guidelines for inmates with documented medical conditions." I, having no stomach cannot eat foods that the department keeps putting on my tray, with no alternative but go without.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

County Employees failure to provide me with sustenance has caused weight loss, weakness, lethargy, hunger pains metal issues such as PTSD, depression & eating disorders.

### COUNT III

Identify the third right you believe was violated and by whom:

3.1 5th 8th & 14th by King County's Department of Public Health.

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2 Oct 2 2017 I lost my Stomach. On Oct 4 2017, Esophagus was sewn to my intestine. I was told by Doctors at University of Washington hospital that I needed to take vitamins because the stomach was a vital part of intake of vitamins for the body. Since incarcerated I have asked many times for my

multi-vitamins. Told them I've been taking them before but they don't care. They are deliberately indifferent to my needs. I am protected from cruel punishment under the 8th inasmuch as this is a tool being used to speed up the time I am willing to fight my case. And under the Due Process clause of the 5th and 14th which allows me proper medical care pretrial. I have filed medical grievance but these bear a clear conflict of interest because they are answered by those denying me services initially. After repeated attempts it was ordered I would not get relief with FINALITY.

*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.*

My health has decreased, my teeth have fully decayed/fallen out in the last year. I'm letargic and have a diminished capacity to understand for extended periods of time.



#### IV. RELIEF

*State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.*

Count 1- One Million Dollars, written Apology.

Count 2- One million Dollars, correct Diet

Count 3- ORDER vitamins be provided, independent Dr  
be consulted, cover cost of Dental work up to \$100,000.

#### V. SIGNATURE

*By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.*

7-21-23

Dated



Plaintiff's Signature

Name Amanda Wynn  
Bkg.# 2022007399  
King County Correctional Facility  
620 West James Street  
Kent, WA 98032

FOR LEGAL MAIL ONLY

United States District Court  
700 Stewart St, Suite 2310  
Seattle, WA

FILED  
LOGGED  
RECEIVED  
MAIL  
AUG 02 2023  
AT SEATTLE  
CLERK OF DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
DEPUTY  
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